



PHYSICIANS' ORDERS

NAME: Hampton, Randall

D.O.B. 10/15/83

ALLERGIES: NKDA

Use Last

Date

9/13/05

DIAGNOSIS (If Chg'd)

Tegretol Chewable iii tabs po ^{sur} tid x 180 days
T.O. Dr. Siddig / G. Blum R☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

Return to population @ 2:00 pm
T.O. Dr. Siddig / Dale Blum R☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

Tegretol + phenobarb level
T.O. Dr. Siddig / Dr. Blum R☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

ECONAR / po
Cefzil 500 mg po tid x 10 days
Bottom bunk profile x 6 months

Wrong Chart

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS Scabies

Apply permethrin 0.5% from head
to toe + leave on x 10-12 hrs then
shower

Repeat in 14 days

T.O. Dr. Siddig / Dale Blum R

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Third

Date 09/06/05

NAME: Hampton, Randall

226420

D.O.B. 10/15/83

ALLERGIES: NKA

D.O.B. 10/15/83

ALLERGIES: NKDA

Use Second

Date 07/06/05

NAME:

Hampton, Randall

226420

D.O.B.

ALLERGIES:

Use First

Date 06/22/05

PHSPRISON
HEALTH
SERVICES
INCORPORATED**PHYSICIANS' ORDERS**

NAME: Hampton, Randall

226420

D.O.B. 10/15/83

ALLERGIES: NKDA

Use Last

Date

9/13/05

DIAGNOSIS (If Chg'd)

Tegretol Chewable iii tabs po @ ²⁰⁰ ~~800~~ tid x 180 days
T.O. Dr. Siddig / C. G. Brown R☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

Return to population @ 2:00 pm
T.O. Dr. Siddig / Dale P. Brown R☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

Sedative + phenobarb level
T.O. Dr. Siddig / C. G. Brown R☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

ERLOR / ~~phew~~
Activil 800 mg po / 110 PRN x 10 days
Bottom bunk profile x 6 months

Wrong Chart

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDDIAGNOSIS ScabiesApply permethrin 0.5% from head
to toe + leave on x 10-12 hrs Then
shower.

Repeat in (4 days)

T.O. Dr. Siddig / Dale P. Brown R

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Third

Date 09/06/05

NAME: Hampton, Randall

226420

D.O.B. 10/15/83

ALLERGIES: NKDA

Use Second

Date 07/06/05

NAME:

Hampton, Randall

226420

D.O.B.

ALLERGIES:

Use First

Date 06/22/05



PHYSICIANS' ORDERS

<p>ALLERGIES:</p> <p>Date / /</p>	<p>DIAGNOSIS (If Chg'd)</p>
<p>B. ALLERGIES:</p> <p>Date / /</p>	<p><input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED</p> <p>DIAGNOSIS (If Chg'd)</p>
<p>Use Third</p> <p>NAME: Hampton, Randal</p> <p>D.O.B. 10/15/83</p> <p>ALLERGIES: NKA</p> <p>Date 6/3/05</p>	<p><input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED</p> <p>DIAGNOSIS (If Chg'd)</p> <p>Tegretol Chewable 300mg po tid x 100 days</p> <p>t.o. Dr. Siddiq / C. Groom PR</p>
<p>Use Second</p> <p>NAME: Hampton, Randal</p> <p>D.O.B. 10/15/83</p> <p>ALLERGIES:</p> <p>Date 5/2/05</p>	<p><input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED</p> <p>DIAGNOSIS (If Chg'd)</p> <p>Phenobarb 100mg po bid x 100 days</p> <p>Tegretol Chewable 300mg po tid x 100 days</p> <p>t.o. Dr. Siddiq / C. Groom PR</p>
<p>Use First</p> <p>NAME: Hampton, Randal</p> <p>D.O.B. 10/15/83</p> <p>ALLERGIES:</p> <p>Date 4/28/02</p>	<p><input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED</p> <p>DIAGNOSIS</p> <p>Phenobarb 100mg po bid x 100 days</p> <p>Tegretol Chewable 300mg po tid x 100 days</p>



PHYSICIANS' ORDERS

ME: <i>Hampton, Randall</i> <i>26420</i> O.B. <i>10/15/83</i> ALLERGIES: <i>Haldol</i> Date <i>4/22/05</i>	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
se Last NAME: D.O.B. <i>/ /</i> ALLERGIES: Date <i>/ /</i>	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
Use Fourth NAME: D.O.B. <i>/ /</i> ALLERGIES: Date <i>/ /</i>	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
Use Third NAME: D.O.B. <i>/ /</i> ALLERGIES: Date <i>/ /</i>	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
Use Second NAME: <i>Hampton, Randall</i> <i>226420</i> D.O.B. <i>10/15/83</i> ALLERGIES: <i>Haldol</i> Date <i>4/22/05</i>	DIAGNOSIS <i>RRPR Lab</i> <i>Per TO Dr Siddiqi / S. Thuck</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Third Date / /	DIAGNOSIS (If Chg'd) <i>4/28/02 noted 4/28/02 lay in x 60 days</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton Randa D.O.B. / / ALLERGIES: Use Second Date / /	DIAGNOSIS (If Chg'd) <i>no work x 6mo</i> <i>no prison idly 720x 6mo</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton Randa # 226420 D.O.B. 10/15/83 ALLERGIES: Hards Use First Date 1/12/05	DIAGNOSIS <i>lay in x 100</i> <i>walking cane x 60</i> <i>3 Sharp Nail x 60</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. 1

ALLERGIES:

Use Last

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B.

ALLERGIES:

Use Fourth

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B.

ALLERGIES:

Use Third

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton Randall

DIAGNOSIS (If Chg'd)

D.O.B. 21

ALLERGIES:

Use Second

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton Randall

DIAGNOSIS

D.O.B.

ALLERGIES:

Use First

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Third Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Second Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton Randall

DIAGNOSIS

AHS 2264208

D.O.B. 10/15/83

ALLERGIES: NKA 12/18/00

Use First Date 2/17/05

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Phenobarbital 60 mg tab take 1/2 tab
(1) po BID x 90 days
Tegretol-chew 100mg tab take 3 tabs
po TID x 90 days
Dr. Siddiqi / C. P. A.

IHM Correctional Services, Inc.



PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B.: / /

ALLERGIES:

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Last Date: / /

DIAGNOSIS (If Chg'd)

NAME:

D.O.B.: / /

ALLERGIES:

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Fourth Date: / /

DIAGNOSIS (If Chg'd)

NAME:

D.O.B.: / /

ALLERGIES:

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Third Date: / /

NAME: *Hampson, Randall*

DIAGNOSIS (If Chg'd)

Phenobarbital 60mg TID BID x 180 days

D.O.B.: / /

ALLERGIES:

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use Second Date: / /

DIAGNOSIS

NAME: *Hampson, Randall**Benzoy 50 mg IM now*D.O.B.: *10/15/83*ALLERGIES: *NKA*☐ GENERIC SUBSTITUTION IS NOT PERMITTEDUse First Date: *1/31/05*

WHITE - MEDICAL RECORDS COPY CANARY - PHARMACY COPY



PHYSICIANS' ORDERS

NAME: Hampton, Randall

D.O.B. 1/15/83

ALLERGIES:

Use Last Date 1/31/05

NAME: Hampton Randall
226420D.O.B. 1/15/83
ALLERGIES: NKDA

Use Fourth Date 1/30/05

NAME: Hampton Randall
226420D.O.B. 1/15/83
ALLERGIES: NKDA

Use Third Date 1/29/05

NAME: Hampton Randall
226420D.O.B. 1/15/83
ALLERGIES:

Use Second Date 1/28/05

NAME: Hampton Randall
226420D.O.B. 1/15/83
ALLERGIES:

Use First Date 1/28/05

DIAGNOSIS (If Chg'd)

Release for HCU

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

Give Haldol 10mg 7IM NOW
Benadryl 50mg☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

Give Haldol 10mg 7IM
Benadryl 50mg
Place on Suicide Watch cld #2
SMOCK ONLY T.O. / RB Dr. Sanders☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

no prolonged band 700 x 600
Adip 80 700 x 100 mm
Lay CX 100☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS

Sham's 700 x 600
Benzyl Peroxide x 200☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: Hampton, Randall

D.O.B. 12/16/14

ALLERGIES:

Use Last Date / /

DIAGNOSIS (If Chg'd)

x tegesal 3000 bid x 1800
Panel AIDS x 1800☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

#226420

D.O.B. 10/15/83

ALLERGIES:

Use Fourth Date / /

DIAGNOSIS (If Chg'd)

Adul 800 fo bid x 100

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton Randall

D.O.B. 10/15/83

ALLERGIES: NKA

Use Third Date 10/15/04

DIAGNOSIS (If Chg'd)

Thyroid Panel ETSN

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

D.O.B. 10/15/83

ALLERGIES:

Use Second Date / /

DIAGNOSIS (If Chg'd)

Zurac 150 Bid x 300

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

226420

D.O.B. 10/15/83

ALLERGIES: NKA

Use First Date 8/21/04

DIAGNOSIS

Kef 400 fo bid x 100

Adul 800 fo bid x 100

lay, C x 7 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

8/27/04



PHYSICIANS' ORDERS

DIAGNOSIS (If Chg'd)

J.B. / /
ALLERGIES:

Use Last

Date / /

NAME:

D.O.B. / /

ALLERGIES:

Use Fourth

Date / /

NAME:

Hampton Randall
225420

D.O.B.

10/15/83

ALLERGIES:

NKA

Use Third

Date

8/24/04

NAME:

Hampton, Randall
225420

D.O.B. / /

ALLERGIES:

Use Second

Date

7/30/04

NAME:

Hampton, Randall
225420

D.O.B.

10/15/83

ALLERGIES:

NKA

Use First

Date

7/30/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

Phenobarbital 60mg PO BID
x 180 days
Dw 8/20/03☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

Phenobarbital 60mg PO BID
x 180 days
Dw 8/20/03☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS

XRay (R) Elbow
@ Flexa 7 (0 BID x 10)
Dw 7/30/04☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

7/30/04



W. Albert, R.I.



PHYSICIANS' ORDERS

NAME: _____ D.O.B. / / ALLERGIES: _____ Use Last Date / /	DIAGNOSIS (If Chg'd) _____ _____ _____ <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: _____ D.O.B. / / ALLERGIES: _____ Use Fourth Date / /	DIAGNOSIS (If Chg'd) _____ _____ _____ <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton, Randall D.O.B. 10/18/83 ALLERGIES: _____ Use Third Date 7/18/04	DIAGNOSIS (If Chg'd) PRACE in Sg off suicidal WALK _____ _____ <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton, Randall D.O.B. 10/18/83 ALLERGIES: _____ Use Second Date 7/18/04	DIAGNOSIS (If Chg'd) PRACE in INP in SPT Restraints on Selfing walk _____ _____ <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton, Randall AIS-226420 D.O.B. 10/18/83 ALLERGIES: _____ Use First Date 7/17/04	DIAGNOSIS PRACE in INP in SPT restraints suicidal WALK HALL by 1m SPT _____ _____ <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME:

Hampton, Randall

D.O.B. 10/15/83

ALLERGIES:

Use Last

Date 6/24/04

DIAGNOSIS (If Chg'd)

T.O. Dr. Sanders

Geodon 40 mg I.M.

M. Sanders / M. Scott

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

Hampton Randall
AIS 226420

D.O.B. / /

ALLERGIES:

Use Fourth

Date / /

DIAGNOSIS (If Chg'd)

Therapeutic

9/23/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

AIS# 226420

D.O.B. 10/15/83

ALLERGIES: NKDA

Noted
A.D. Hunt
6/21/04

Use Third

Date 6/21/04

DIAGNOSIS (If Chg'd)

Release to DOC placement

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

D.O.B. 10/15/83

ALLERGIES: NKDA

Noted
M. Scott
6-18-04
1800

Use Second

Date 6/18/04

DIAGNOSIS (If Chg'd)

Thiazide 50mg po 2 HS / K 3
Benadryl 50mg po 2 HS then☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

Hampton, Randall

D.O.B. 10/15/83

ALLERGIES: NKDA

Noted
A.D. Hunt
6/17/04
840
M. Scott

Use First

Date 6/17/04

DIAGNOSIS

Release to DOC placement

off suicide watch

MHM Correctional Services

Dr. Bill Sanders

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: Hampton, Randall

AIS-226420

D.O.B. 10/15/83

ALLERGIES:

Use Last

Date 6/1/6/04

DIAGNOSIS (If Chg'd)

Place in HCU in SPT Restraint

in A Suicide Room

in SUICIDE WATCH (Self-harm)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

226420

D.O.B. 10/15/83

ALLERGIES: NKA

Use Fourth

Date 6/1/6/04

DIAGNOSIS (If Chg'd)

Refer to Sx

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

226420

D.O.B. 10/15/83

ALLERGIES:

Use Third

Date 6/1/6/04

DIAGNOSIS (If Chg'd)

Release from SPT Restraint

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

D.O.B. 10/15/83

ALLERGIES:

Use Second

Date 6/1/6/04

DIAGNOSIS (If Chg'd)

Place in SPT Restraint on

SUICIDE WATCH

Begin 204 pm STAT

MHM Correctional Services

Dr. Bill Sanders

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

AIS# 226420

D.O.B. 10/15/83

ALLERGIES: NKA

Use First

Date 5/15/104

DIAGNOSIS

Release to Doc Plaintiff

☐ GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME: Hampton, Randall

AIS-226420

D.O.B. 10/15/83

ALLERGIES:

Use Last

Date 6/16/04

DIAGNOSIS (If Chg'd)

Place in HCU in 5PT restraint

in a suicide gown

on suicide watch (safety)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

226420

D.O.B. 10/15/83

ALLERGIES: NKA

Use Fourth

Date 6/16/04

DIAGNOSIS (If Chg'd)

Return to 5x

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

226420

D.O.B. 10/15/83

ALLERGIES:

Use Third

Date 6/16/04

DIAGNOSIS (If Chg'd)

Release from 5PT restraint

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

06/15/04

D.O.B. 10/15/83

ALLERGIES:

Use Second

Date 6/16/04

DIAGNOSIS (If Chg'd)

Place in 5PT restraint on

suicide watch

begin 204 pm STAT

MHM Correctional Services

Dr. Bill Sanders

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall

AIS# 226420

D.O.B. 10/15/83

ALLERGIES: NKA

Use First

Date 5/15/04

DIAGNOSIS

Return to Doc Plaintiff

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: Hampton, Randall
AIS# 226420

D.O.B. 10/15/83

ALLERGIES: NKDA

noted
A.D. Hunt LPN
5/3/04

DIAGNOSIS (If Chg'd)

PLEASE get PLAIN SKULL FILM
(Does he have a plate in it)

Use Last Date 5/4/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall
AIS# 226420

D.O.B. 10/15/83

ALLERGIES: NKDA

noted
A.D. Hunt LPN
5/4/04

DIAGNOSIS (If Chg'd)

Release of 5pt restraint
+ Choc + hot cell door

Use Fourth Date 5/4/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton, Randall
226420

D.O.B. 10/15/83

ALLERGIES: NKA

noted
Bennett
5/4/04

DIAGNOSIS (If Chg'd)

HANDCUFFED 10, ATTN 4 in STAT
5pt Restraint in 1017 in SWC
WATCH

Use Third Date 5/4/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton Randall

D.O.B. / /

ALLERGIES:

NOTED
2/18/04
3/24/04
1100

DIAGNOSIS (If Chg'd)

lay c x 3 days for
and

Use Second Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hampton Randall

D.O.B. / /

ALLERGIES:

NOTED
2/18/04
3/24/04
1100

DIAGNOSIS

x Ray C spine
Anoxel on food x op
Adapted T food x op

Use First Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton, Randall 226420	DIAGNOSIS (If Chg'd) Any (Sn / Ux / nu)
D.O.B. 10/15/83	
ALLERGIES: NKA	
Use Third Date 3/24/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton, Randall 226420	DIAGNOSIS (If Chg'd) Adul sed for x (u)
D.O.B. / /	
ALLERGIES: NKA	
Use Second Date 3/19/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Hampton, Randall 226420	DIAGNOSIS Adul sed for x (u)
D.O.B. 10/15/83	
ALLERGIES: NKA	
Use First Date 3/19/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



INFIRMARY NURSING PROGRESS NOTES

Date/Time											
12/15/04	S -										
6:38	O - Doc reported pt fell while taking '9 shower. Seizure activity noted 7 mins. Discharge and continue to lay on mattress until medication arrive. (meds taken as ordered) R 015 30 / PO 100 28										
	A - Alteration in comfort R/t seizure activity										
	P - 1. Continue to observe in infirmary dorm. for 2 hrs.										
	2. Monitor & observe LOC.										
	S. Roberts RN										
12/15/04	S - I'm feeling better										
8:38	O - alert & oriented x 3. Ambulating w/ ant assistance. No seizure activity noted @ present.										
	A - Stable										
	P - 1. R/t to population — S. Roberts RN										
1/28/07	Q 9, ackle qua										
	Q Play Ballet (Bee)										
	Q 187 ackle										
	App Mple Sp										
	Y will 3 Adv x 100										
<table border="1"> <thead> <tr> <th>INMATE NAME (LAST, FIRST, MIDDLE)</th> <th>DOC#</th> <th>DOB</th> <th>R/S</th> <th>FAC.</th> </tr> </thead> <tbody> <tr> <td>Hampton, Randall</td> <td>226420</td> <td>10/15/83</td> <td>B/M</td> <td>BCCF</td> </tr> </tbody> </table>		INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.	Hampton, Randall	226420	10/15/83	B/M	BCCF
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.							
Hampton, Randall	226420	10/15/83	B/M	BCCF							

Hampton, Randall
226420
DOB 10-15-83
NKA



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
3-27-04	<p>3) sp 2 stitches to the lower eye lid 90 PK</p> <p>1) mk sup w/m eye w p/s to 2 stitches placed to lower eye lid</p> <p>A sp eye stitch / PK</p> <p>1) well of leg & x 100 are Adm x 10</p>	/ /
10/14/04	<p>S 40 brief 1st to left eye</p> <p>1) all are of steps up/down stitch over eye</p> <p>AP Graph available</p> <p>1) will start back as h x 15.0 bag</p>	
12/16/04	<p>S) 40 eyes</p> <p>1) taking further back</p> <p>AP eyes</p> <p>1) will start h x 100</p>	

Hampton, Randall

225420

DOB 10-15-83

NKA

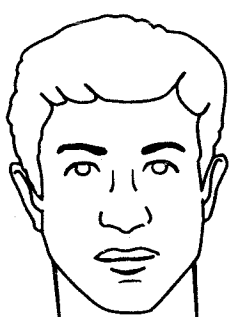
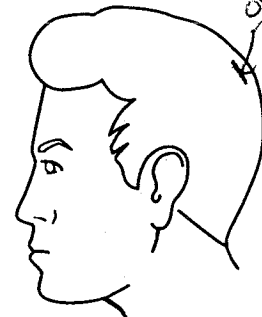
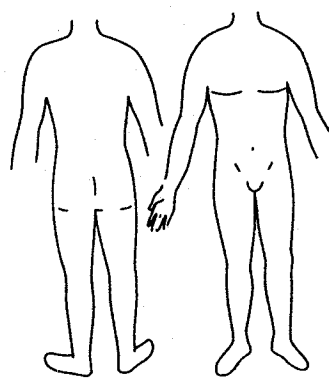
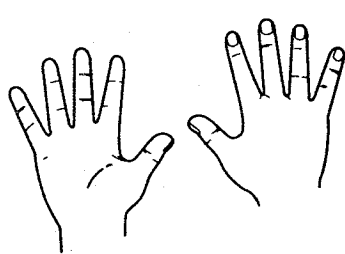


PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.: / /
30-04	S / 10 Elbow Sprain 9 Fed & Sprain the Elbow no deformity	
	App Elbow Sprain p will & x-ray & do zip & B & Adip	
9/10/04 8A	S / 90 stroke R 8 mod Gx stroke no vomiting	
	app will & data 100 Bld	
10/15/04	O: assessed for chronic care seizures no noted S/S of seizure activity "for a few months" P: An time assessments as indicated E: Instructed on safety hazards and verbalized understanding ———— unclsh	

EMERGENCY



DISCHARGE DATE 12/16/05		TIME 1600 AM PM	ORIGINATING FACILITY BCC		<input checked="" type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT		
ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP 97.0		ORAL RECTAL	RESP. 20	PULSE 96	B/P 180/110	CHECK IF SYSTOLIC 130 82 <100 > 50	
NATURE OF INJURY OR ILLNESS INJURIES NOTED C/O PAIN IN TOP OF HEAD FROM INJURY THAT HAPPEN TUESDAY & S/S INFECTION NOTED			ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / SUTURES
			  <p>PROFILE RIGHT OR LEFT</p>   <p>RIGHT OR LEFT</p>				
PHYSICAL EXAMINATION INJURIES GIVEN TYLE 500mg FOR C/O H/A			ORDERS / MEDICATIONS / IV FLUIDS N/A				TIME
DIAGNOSIS 							
INSTRUCTIONS TO PATIENT RELAX AND CONTROL TEMPER							
DISCHARGE DATE 12/16/05		TIME 1600 AM PM	RELEASE / TRANSFERRED TO 12/16/05		<input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL		
NURSE'S SIGNATURE [Signature]		DATE 12/16/05	PHYSICIAN'S SIGNATURE [Signature]		CONSULTATION		
INMATE NAME (LAST, FIRST, MIDDLE) HAMPTON RANDALL			DOC# 22042	DOB 10-15-83	R/S BCC	FAC BCC	



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EMERGENCY

Down
21-

ADMISSION DATE 11 / 20 / 2005		TIME 830 AM	ORIGINATING FACILITY Bullock		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKDA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.9		ORAL RECTAL	RESP 22	PULSE 87	B/P 40 / 84	RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS S- Pt out in writing area on floor face down & officers stated "pt having a S2"			ABRASION /// CONTUSION # BURN xx FRACTURE Z LACERATION / xx xx Z SUTURES			
PHYSICAL EXAMINATION O - Pt shaking but able to follow verbal commands to a certain degree. Pt aware of surroundings H+Ox3, Resp @ 20 B/P S _o 2 98%, HR 87 BPM RR 12 Turned / Assisted pt over onto side (R) Above vs stable Pt asked if come to get needs + pt stated "not this AM" I didn't wake up + ^{COP} more ^{more} woke me up "Pt denies injury & bat but inner lower lip. PERK			<p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>			
			ORDERS / MEDICATIONS / IV FLUIDS TIME BY P - Adm Phenobarb 60 + Tylenol 300mg as Rx for 400AM Dose - Provided H ₂ O for pt to rinse out mouth.			
DIAGNOSIS Alter in Neurological Status R/L Fz						
INSTRUCTIONS TO PATIENT Instructed on Medication Regimen Importance of Scheduling / Safety, and Return PR						
DISCHARGE DATE 11 / 20 / 05		TIME 900 AM	RELEASE / TRANSFERRED TO Population		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE C. D. [Signature]		DATE 11/20/05	PHYSICIAN'S SIGNATURE [Signature]		DATE	
INMATE NAME (LAST, FIRST, MIDDLE) Hampton Randall			DOC# 226420	DOB 10/15/83	R/S Bm	FAC. Bullock

Nursing Evaluation Tool:

Seizure/
Postictal State

Facility: BBB

Patient Name: Hampton Randall

Last

First

Date of Birth: 10/15/1983

MI

Inmate Number: 226420

MM

DD

YYYY

Date of Report: 11/20/2005

MM

DD

YYYY

Time Seen: 830

AM / PM

Circle One

Subjective:

Chief Complaint(s): chute out on walking area on floorOnset: 830 AM

History:

(Continue on back if necessary)

1st of med = Tegretol + Phenytoin

Significant History:

Epilepsy ☐ NO ☐ YES
Cardiac ☐ NO ☐ YESDiabetes ☐ NO ☐ YES
Psychiatric ☐ NO ☐ YESHead trauma ☐ NO ☐ YES
Alcohol Abuse ☐ NO ☐ YES☐ Check Here if additional notes on backRecent change or discontinuation of meds: ☐ NO ☐ YESLast documented seizure: ☐ None ☐ Unknown ☐ Known (how long ago?)

IF PATIENT IS ACTIVELY SEIZING PROVIDE SUPPORTIVE CARE.

DO NOT ATTEMPT TO PHYSICALLY RESTRAIN.

Objective:

Vital Signs: T: 98 P: 87 RR: 20 B/P: 140/84 FSBS = 90

*Note: Do NOT attempt to obtain an oral or rectal temp on a postictal patient; defer until patient is stabilized.

Blood Glucose:

Pulse Ox %: 98 % ☐ Room Air ☐ O2 LPM:
Skin: ☒ Warm ☐ Cool ☐ Dry ☐ Moist/clammy Skin Color: ☐ Normal ☐ Pallor ☐ Flushed ☐ Jaundice
Neurologic:(AVPU) ☐ Awake ☐ Responds to Voice ☐ Responds to Pain ☐ Unresponsive
(Check the appropriate highest response level) ☐ Postictal-Disoriented ☐ Agitated

Pupils:

Pupil: ☒ PERRL ☐ Pupils unequal/abnormal:

Right

☒ PERRL
☐ Constricted
☐ Dilated

Left

☒
☐
☐

Unequal:

Mouth: ☒ Tongue intact ☐ Tongue injury:Incontinence: ☒ None ☐ Incontinent urine ☐ Incontinent fecesIncurred injuries: ☐ None apparent ☒ Yes B.t. inside of bottom (P)☐ Additional Findings

(Continue on back if necessary)

☐ Check Here if continued on back

*Repeat Exam 15-30 minutes post seizure (If initial evaluation began just after seizure activity ceased)

Time: 845 AM / PM Circle One Vital Signs: T: 98 P: 80 RR: 20 B/P: 136/80Pulse Ox %: 98 % ☐ Room Air ☐ O2 LPM:
Skin: ☒ Normal ☐ Pallor ☐ Flushed ☐ Cyanotic ☐ Warm ☐ Cool ☐ Dry ☐ Moist/clammy
Neurologic:(AVPU) ☐ Awake ☐ Responds to Voice ☐ Responds to Pain ☐ Unresponsive
☐ Postictal-Disoriented ☐ AgitatedRepeat Blood Glucose: 89

(As Indicated)

Pupils:

Right

☒ PERRL
☐ Constricted
☐ Dilated

Left

☒
☐
☐

Unequal:

Assessment:

Check All That Apply:

☐ Call Placed To Physician
☒ Transport to Infirmary for observation.
☐ Call Placed to 911

Plan:

Check All That Apply:

☐ Oxygen (2-4LPM per N/C)
☐ Treatment for hypoglycemia, if indicated
☒ Supportive care in quiet safe environment
☐ Other: Adm med Pt missed @ the 0400 hse R/E Pt overslept No one woke him up
(Describe)

x

Nurses Signature

Name:

Printed



EMERGENCY

MISSION DATE 10 / 30 / 05		TIME 1130 AM PM	ORIGINATING FACILITY BCCF <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																												
ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																														
VITAL SIGNS: TEMP 98.8		ORAL RECTAL	RESP. 18	PULSE 94	B/P 120, 78	RECHECK IF SYSTOLIC _____ <100> 50																											
NATURE OF INJURY OR ILLNESS S: Inmate escorted to Infirmery after being hit in the chest by a "Visitor". This was witnessed by DOC Officer O: No noted redness to chest area. noted multiple tattoos. P: Release to DOC			<table border="1"> <tr> <td>ABRASION ///</td> <td>CONTUSION #</td> <td>BURN xx xx</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table>				ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / SUTURES																						
ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / SUTURES																													
PHYSICAL EXAMINATION																																	
			<table border="1"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																								
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																															
DIAGNOSIS																																	
INSTRUCTIONS TO PATIENT Return to Infirmery if needed																																	
DISCHARGE DATE 10 / 30 / 05		TIME AM PM	RELEASE / TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																												
NURSE'S SIGNATURE W. J. [Signature]		DATE 1140	PHYSICIAN'S SIGNATURE [Signature]		DATE																												
INMATE NAME (LAST, FIRST, MIDDLE) Hawston, Randall			DOC# 326420	DOB 10/5/83	R/S BM	FAC. BCCF																											

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EMERGENCY

DISCHARGE DATE 10/14/05		TIME 0500 AM		ORIGINATING FACILITY Bullock		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98		ORAL RECTAL		RESP. 16		PULSE 78 B/P 120/60	
NATURE OF INJURY OR ILLNESS S - "I got real dizziness and I passed out. My head hurt" O - ambulatory to HCU per w/c alert et. Oriented x 3 resp regular & ease. Skin intact no lacerations noted. Vital signs are stable, quit steady, no distress noted A - alteration in comfort P - sign up to see MD in the				ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
PHYSICAL EXAMINATION A.M. give tylenol 11 tabs							
ORDERS / MEDICATIONS / IV FLUIDS						TIME	BY
Tylenol 11 tabs give PR						0510	
DIAGNOSIS							
INSTRUCTIONS TO PATIENT Return to HCU in the A.M. to see MD							
DISCHARGE DATE 10/14/05		TIME 0515 PM		RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE [Signature]		DATE 10/14/05		PHYSICIAN'S SIGNATURE [Signature]		DATE 10/17/05	
INMATE NAME (LAST, FIRST, MIDDLE) Thomson, Randall				DOC# 226420		DOB 10/15/83	
				R/S BH		FAC. Bullock	



Nursing Evaluation Tool:

General Sick Call

Bellock

MKT

Facility: BBB	Hampton		
Patient Name: <u>SC J. Hamilton</u>	Rondall		
Inmate Number: <u>226420</u>	First	Date of Birth: <u>10</u> / <u>15</u> / <u>1983</u>	MM DD YY
Date of Report: <u>10</u> / <u>11</u> / <u>2005</u>	MM DD YYYY	Time Seen: <u>1015</u>	AM / PM Circle One

Subjective: Chief Complaint(s): "L leg gives way" "Fall while standing in Chow line"
 Onset: "Also some stuff got out of my knee this morning"

Brief History: Lx "52" and poor memory
 (Continue on back if necessary)

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98° P: 72 RR: 22 B/P: 142 / 88

Examination Findings: A+Ox3, Resp @ 22 BPM CTA Sats 98% on RAir.
 (Continue on back if necessary)
HR = 72 bpm RR: 22 Series MV Abd EBSx4 Moves all 4 Extremities
& no deficits noted. Skin & cuts bruises, scrapes. Pt denies injury.
@ knee skin & swollen bail area on knee cap
Greenish Yellow drainage cleaned up & cleaned w/ H2O2 + 2x2.
☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s): Alter in Safety R/L "legs"
☐ Referral NOT REQUIRED
☒ Referral REQUIRED due to the following: (Check all that apply) Shakiness & risk of 52.
☐ Recurrent Complaint (More than 2 visits for the same complaint)
☐ Other: Alter in skin integrity
R/L @ knee Drainage

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

- ☒ Instructions to return if condition worsens.
☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
☐ Other: _____

OTC Medications given ☐ NO ☒ YES (If Yes List): Advil

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Sidney Date for referral: 10 / 12 / 2005
 MM DD YY

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time: _____

x C. Haddad: neek A
 Nurses Signature

Name: C. Haddad Field
 Printed



Nursing Evaluation Tool:

General Sick Call

Facility: BBB Bullock	Randall
Patient Name: Hampton	First
Inmate Number: 22 226420	Date of Birth: 10 / 15 / 1983
Date of Report: 09 / 12 / 105	Time Seen: 0925 AM/PM Circle One

Subjective: Chief Complaint(s): I fell & hurt my leg & my behind.

Onset: _____

Brief History: I was pulling myself up on a pull-up bar outside & fell. Now I can't bend my @ knee & my lower back hurts.

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98.2 P: 90 RR: 16 B/P: 110 / 60

Examination Findings:
(Continue on back if necessary)

@ knee gives way when inmate walks. Inmate states he's going back to the dorm & take a shower, then come back to see the doctor at noon.

☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s): _____

☐ Referral NOT REQUIRED

☐ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

OTC Medications given ☐ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☐ YES (If Yes, Whom/Where): _____

Date for referral: ____ / ____ / ____
MM DD YYYY

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____

X A. Groom RN
Nurses Signature

Name: Anne Groom, RN
Printed



Nursing Evaluation Tool:

General Sick Call

Facility: BBB	Patient Name: <u>Hamilton Randall</u>		
Inmate Number: <u>226420</u>	Date of Birth: <u>10</u> / <u>11</u> / <u>1983</u>		
Date of Report: <u>9/20/2005</u>	Time Seen: <u>740</u>	AM PM Circle One	

Subjective: Chief Complaint(s): c/o "didn't get up this AM to get 4 AM med"

Onset: states muscle twitch just don't know what's going on

Brief History: c/o my tail bone hurts" this AM.

(Continue on back if necessary)

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98° P: 60 RR: 20 B/P: 108/168

Examination Findings: Neuro WNL moves all 4 extremities; No Bumps

(Continue on back if necessary)

Abrasions, Scrapes

☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s): Alteration in comfort level 2°
"Butt hurting"

☒ Referral NOT REQUIRED

☐ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☒ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: Safety Precautions And No 1° Lacer 2° Pain in butt get T move

OTC Medications given ☐ NO ☒ YES (If Yes List): Advil 800 mg PO Tid PRN x 10 & 4 AM med

Referral: ☒ NO ☐ YES (If Yes, Whom/Where): _____ Date for referral: 1 / 1 / 1

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time: _____

x Cholderfield

Nurses Signature

Name: Cheri Holdertfield RN

Printed

No Charge



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Hampton, Randall Date of Request: 2-15-05
ID # 226720 Date of Birth: _____ Location: _____
Nature of problem or request: Need renewal of Phenobarb 60.

Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

(O)bjective

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE () EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Hampton, Randell Date of Request: 1-28-05
ID # 226420 Date of Birth: 10-15-83 Location: 1-30
Nature of problem or request: my feet hurt

Signature

DO NOT WRITE BELOW THIS LINE

Date: 1/28/05
Time: 0725 (AM) PM
Allergies: NKDA

RECEIVED
Date: <u>1-28-05</u>
Time: <u>0730</u>
Receiving Nurse Initials <u>as</u>

(S)ubjective: my feet hurt

(O)bjective No edema noted

(A)ssessment: BP 120/80 P. 80 R. 20 Temp.

(P)lan: see MD

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Seg

**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Anthony Randall Date of Request: 12/14/04
 ID # 226400 Date of Birth: _____ Location: 226400
 Nature of problem or request: I have a sore on my
hip + buttock

Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
 Time: _____ AM PM
 Allergies: _____

RECEIVED

Date: _____
 Time: _____
 Receiving Nurse Initials _____

(S)ubjective: My hip hurt real bad

(O)bjective: Open draining area on @ hip. purulent
drainage noted. No foul odor. ^{Hot} Warm to touch.

(A)ssessment: Attended in Comfort 20 pain in hip
+ buttock.

(P)lan: So see MD @ 730 PM

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

M. K. [Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Randell Hampton Date of Request: 11-9
 ID # 22-04-20 Date of Birth: 12-5-57 Location: 10-10-10
 Nature of problem or request: KNOES ON MY LEG IN MY DENT I SEE

Randell Hampton 22-04-20
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/10/09
 Time: 0500 AM PM
 Allergies: _____

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective: "I have something on my hip"

(O)bjective: noted large area approx 4cm to R hip, also back to buttocks. Harder to palpate & small amt + drainage

(A)ssessment: Allergic in Comfort 2° pain

(P)lan: To see MD in AM

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
 If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

MRueen

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
 YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Randell Hampton Date of Request: 11-18-04
 ID #: 226420 Date of Birth: 10-15-83 Location: 4-12
 Nature of problem or request: to see the Health Doctor about
leg problem and medical record.

Randell Hampton
Signature

DO NOT WRITE BELOW THIS LINE

Date: 11-20-04
 Time: 0515 AM PM
 Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>11-20-04</u></p> <p>Time: <u>0515</u></p> <p>Receiving Nurse Initials <u>KW</u></p>

(S)ubjective: I'm loosing wt. My leg be going out on me.
I have a hard time walking me ↑ due to the Pheno.

(O)bjective wt. 152 B/P 128/78 T 97.4 P 78 R 18

(A)ssessment:

(P)lan:

Refer to: (MD/PA) Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

K Williams

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Randell Hampton Date of Request: 11-03-04
 ID # 22-CAT-20 Date of Birth: 10-15-83 Location: _____
 Nature of problem or request: Sick to my stomach constantly
throwing out. And have a burnt up face

Signature

DO NOT WRITE BELOW THIS LINE

Date: 11/3/04
 Time: 0550 AM PM
 Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>11/3/04</u></p> <p>Time: <u>0550</u></p> <p>Receiving Nurse Initials <u>JA</u></p>
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(S)ubjective: "I am having a problem w my stomach."

(O)bjective 120/80 98.4 78 20. wt: 156

(A)ssessment: Alteration in comfort

(P)lan: Refer to M.D. this A.M @ 0730.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE (X) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

John Hoyer, RN
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT